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02-06-01

A

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	AI-TECH-20	Total Pages	61	
		First Named Inventor or Application Identifier				
		CHUNG, KEVIN				
				Express Mail Label No.	EL182474966US	Date Mailed February 5, 2001
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>			6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 			7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) 			8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
4. <input checked="" type="checkbox"/> Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 Below]</i>			9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>			
			11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations			
			12. <input type="checkbox"/> Preliminary Amendment			
			13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
			14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement Filed in prior Statements(s) application, Status still proper and desired			
			15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
			16. <input type="checkbox"/> Other: _____			
17. a. If a CONTINUING APPLICATION , check appropriate box and supply requisite information. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of the following application(s), each of which is hereby incorporated herein by reference: b. Priority Applications In addition to any applications listed in 17a, the present application also claims priority to the following application(s), each of which is hereby incorporated herein by reference. 60/184,410 Filed: February 23, 2000 60/198,704 Filed: April 20, 2000						
18. CORRESPONDENCE ADDRESS						
<input checked="" type="checkbox"/> Customer Number 000110 or DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. 1601 Market Street, Suite 720 Philadelphia, PA 19103-2307 Phone (215) 563-4100 Facsimile (215) 563-4044 to the attention of the individual identified below.						
 Clement A. Berard PTO Registration No. 29,613						

FEE TRANSMITTAL

<i>Complete if known</i>	
Application Number: Not Yet Assigned	
Filing Date:	
First Named Inventor: CHUNG, Kevin Kwong-Tai	
Group Art Unit:	
Examiner Name:	
Total Amt. of Payment: (1)+(2)+(3)=	\$916
Attorney Docket Number: AI-TECH-20	

jc341 U.S. PTO
09/16/01
02/05/01



METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																										
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ Other fee (specify) _____ SUBTOTAL (3) <u>\$0</u>																										
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee <u>355</u> Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ Provisional filing fee _____ SUBTOTAL (1) <u>\$355</u>																												
2. Claims <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%; text-align: center;">Paid</th> <th style="width: 15%; text-align: center;">Extr</th> <th style="width: 15%; text-align: center;">Fee</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">69</td> <td style="text-align: center;">-20</td> <td style="text-align: center;">= 49</td> <td style="text-align: center;">x 9 = 441</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">6</td> <td style="text-align: center;">-3</td> <td style="text-align: center;">= 3</td> <td style="text-align: center;">x 40 = 120</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td colspan="4"></td> </tr> <tr> <td></td> <td colspan="4" style="text-align: right;">SUBTOTAL (2) <u>\$561</u></td> </tr> </tbody> </table>			Paid	Extr	Fee		Total Claims	69	-20	= 49	x 9 = 441	Independent Claims	6	-3	= 3	x 40 = 120	Multiple Dependent (First presentation)						SUBTOTAL (2) <u>\$561</u>					
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Submitted By:

Typed or

Printed Name Clement A. Berard

Reg. Number 29,613

Deposit Account User ID

Signature Clement A. Berard Date February 5, 2001 Deposit Account User ID 04-1406